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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

COFFEE AS A BEVERAGE: ITS USE AND ABUSE.—R. Amory, in the *Boston Medical and Surgical Journal*, commends the use of coffee prepared by cold water instead of the usual infusion with boiling water. It may be prepared by passing the cold water through finely ground coffee in a porcelain or china percolator. This extracts only one-ninth of the caffeine and one-fifth of the tannin contained in the bean, and it preserves the aroma of all the volatile oils in the bean. Consequently the wakefulness, excitability, and digestive disturbances are much less with the cold water coffee. The author has found from personal experience that coffee thus prepared may be carried for two or three weeks without any loss of color, aroma, or strength if it is kept in a cool place, carefully corked. This infusion is made strong and just as it is used hot water or milk are added. This sets free the volatile oils and fragrant coffee results. Full details are given for all the necessary manipulations.

BLUE RAYS IN THE TREATMENT OF WOUNDS.—The *Medical Record* quotes from a German contemporary as follows: Richter says that sunlight has been proved to have an undoubted healing effect upon various kinds of wounds. Dry air and sunlight are, however, not to be had everywhere, and Richter has found a good substitute by employing blue arc light. The apparatus consists simply of an arc light with a reflector and blue glass panes. The wounds are subjected to the effect of the light for one-half hour daily. Such exposures lead to very rapid drying of the wound's surface, followed by the growth of epithelium and the formation of a scar. Nothing but sterile dressings are employed between the sittings. Especially remarkable is the diminution in pain following the exposure to the rays. Richter sees the beneficial effects of the rays in the general hyperæmia they produce. He had very favorable results in treating plain granulating wounds, suppurating wounds, and especially chronic leg ulcers by this method. The fact that no immobilization of limbs nor rest from the usual occupations were required made the method especially acceptable to working people. The final results were always very gratifying, the scars being more elastic, soft, and less painful than after the more usual methods of treatment.

ALCOHOL AS A SURGICAL DRESSING.—J. G. Andrew says in the *British Medical Journal* that he has gradually given up the use of the conventional antiseptics and now confines himself to methylated spirits whatever may be the nature of the wound. He believes that gauze wrung out in spirits withdraws the moisture from the wound owing to the affinity of alcohol for water and thus removes the most essential factor for bacterial growth, viz., moisture. It frequently lessens the necessity for drainage and by its styptic properties shortens the time necessary for securing the smaller bleeding points.

ADENOIDS, NOCTURNAL INCONTINENCE, AND THE THYROID GLAND.—The *Lancet*, as quoted in the *Medical Record*, says: L. Williams gives the histories of patients which go to show that adenoids cannot be regarded as a cause of nocturnal enuresis, but that when these two conditions are associated both are due to a common cause, viz., insufficiency of the internal secretion of the thyroid gland. The administration of thyroid extract will in a comparatively short space of time effect a cure of the enuresis and greatly relieve coexisting evidences of poor general health. In the author's hospital service he has seen twenty-five patients in all and only one failed to respond to the thyroid treatment.

ARTIFICIAL RESPIRATION.—The *New York Medical Journal*, in an abstract of an article in a German contemporary, says: Schäfer gives the following directions: The movements of artificial respiration should be begun at once, as soon as the patient has been removed from the water, and no time should be lost in removing or loosening the clothing. As soon as taken from the water lay the patient on his stomach with outstretched arms, the face turned to one side, the operator kneeling astride or to one side of the patient. Place the hands on the small of the back of the patient, one on each side, with the thumbs parallel. Bend forward with outstretched arms so that the weight of the operator will rest on his wrist-joints and so make even, strong downward pressure upon the lower ribs and loins of the patient, and remain so while counting slowly 1—2—3. The operator then swings back, taking away the pressure on his hands, which are kept in the same position and remains so while counting slowly 1—2—3. This forward and backward movement, producing and relieving the pressure on the loins, is to be maintained without noticeable intermission at the rate of about twelve times a minute. The pressure drives the air from the lungs, the removal of the pressure draws the air in again. The movements are to be continued until natural respiration begins.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, May 1, "Treatment of Appendicitis," Beverley Robinson, M.D.; May 8, "Surgical Treatment of Tuberculous Disease," Arthur Tatchell; May 15, "Preventable Blindness from the Standpoint of the Obstetrician," J. Clifton Edgar; May 29, "The Pancreas in Diabetes Mellitus," Editorial. *Medical Record*, May 1, "Carbolic Acid Gangrene," Editorial; May 8, "The Point of View in Medicine," Beverley Robinson; May 15, "Flies and Milk Contamination," Editorial; May 22, "The Effect of Fever in Infectious Disease," Editorial; May 29, "The Etiology of Pain," E. G. Janeway. *Bulletin Johns Hopkins Hospital*, May, "Acquired Venereal Infections in Children," Flora Pollack, M.D. *The Journal of the American Medical Association*, May 15, "A Corrector for Weakened Feet for Use at Night," J. M. Berry, M.D.; "Infant Feeding," May 22, "Relation of Human and Bovine Tuberculosis," Editorial; May 29, "The Resistance of the Human Body to Cancer," H. Gideon Wells, M.D.; June 5, "Medicine and the Lay Press," "Gelatin as a Food in Intestinal Disease," Editorials; June 12, "Management of Hemorrhage in the Parturient Canal," John F. Moran, M.D.; "Medical Psychology," Edmund J. A. Rogers, M.D.; "Tuberculosis and the Indian," Editorial. *Yale Medical Journal*, May, "Some Matters Concerning the Nutrition of the Young," Charles A. Goodrich, M.D.; "The Feeding of Sick Children," Marion Walker Williams, M.D.; *Survey*, May 22, "The Responsibility of Family Life," Annie L. Chesley; June 5, "Research Afloat," George A. Soper; June 12, "Social Significance of Ambulance Control," Nathan Bijur. *The Outlook*, April 24, "The Work of Wives," Flora M. Thompson. *The Century*, June, "Experiences on the Laborador," Wilfred T. Grenfell. *McClure's Magazine*, June, "The Conservation of the Defective Child," Marion Hamilton Carter.

NARCOSIS WITH ARTIFICIALLY DIMINISHED CIRCULATION.—The *Medical Record*, quoting from a foreign journal, says: Zur Verth finds that after exclusion of a portion of the blood from the circulation by ligation of the extremities so that they will contain the amount of blood normally to be found in them a patient will require less ether or chloroform to induce narcosis, and that he will awake from the narcosis quickly after the ligating bands have been removed.